Marrow Transplant pediatric PCA by proxy protocol. This protocol represents a collaborative reevaluation and multidisciplinary team effort. The two major priorities of this group were to maintain patient safety and ensure adequate pain management. The results of this effort will be shared. The key components of the plan include appropriate patient selection, parental education on PCA by proxy, parental pain assessment and documentation, and evaluation of the safety and effectiveness of the intervention. This presentation is based on our experience from July 1996 to September 2005 and includes 869 transplants in pediatric patients (median age of 6.1 years) of whom 373 patients were under the age of 4 years. The vast majority of these patients benefited from PCA by proxy. There were no reported serious adverse events in these patients.

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TIMELINE OF RISKS FOR INFECTIONS FOLLOWING Allo BMT: A CUTTING EDGE TOOL DESIGNED FOR NURSES

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Infectious complications continue to pose enormous challenges to the health care professionals experienced in treating the immunocompromised population. After Allogeneic Bone Marrow Transplantation (BMT), the presence of graft versus host disease impairs the immune system, thereby delaying the host defenses' ability to fight invasive microorganisms. According to researchers, life-threatening infections occur approximately in 30 % of allogeneic BMT patients, resulting in an increasing cause for concern among clinicians. Nurses, as advocates and educators, are faced with many questions from patients and their caregivers regarding the risks and the steps to avoid exposure and occurrence of any illness. As members of the health care team, they have a significant role in the assessment, evaluation, and management of allogeneic BMT patients who are most vulnerable to pathogens. Their strong knowledge base of the infectious process is integral in providing immediate interventions, therefore, preventing secondary consequences and unnecessary treatments that will affect the patients' overall survival. A tool was developed to assist nurses to recognize the common infections and drug therapies used in the 3 crucial stages of the transplant process, namely: pre-engraftment (0-30 days post BMT), post-engraftment (30-100 days post BMT), and late post engraftment (≥100 days post BMT). It is utilized as a communication plan ensuring that BMT patients receive appropriate monitoring during their entire course of treatment. It also serves as a framework of reference not only for BMT nurses, but float nurses and students as well. Most importantly, this instrument benefits nurses to better comprehend and carry out their essential roles utilizing the knowledge and the skills they possess to effectively and safely deliver the highest quality of nursing care.

A tool citing the common infections, treatments and nursing responsibilities in the three time periods after Allogeneic BMT will be presented.

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EMPOWERING MOBILITY IN ALLOGENEIC PATIENTS: AN ESSENTIAL KEY TO COMBAT STEROID MYOPATHY

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Nurses play an important role in the recovery of allogeneic transplant patients. A holistic approach enables nurses to address the needs of patients who are faced with issues arising from recovery of counts, prevention of infection, and their biggest challenge yet, minimizing the complications of graft-versus-host disease (GVHD). Studies reveal that 50% have a risk developing acute or chronic GVHD despite use of anti-rejection drugs. Steroid therapy is the frontline treatment for GVHD and is tapered depending on response to the treatment and improvement of symptoms. Steroid myopathy is essentially ubiquitous among patients with GVHD and the most effective way to treat it is to eliminate or decrease the dose of steroids. Unfortunately, when GVHD flares up and steroids are resumed, steroid myopathy recurs and the vicious cycle goes on. Constant mobility during the entire transplant process lessens the incidence of steroid myopathy. It is essential that a physical/occupational therapy (PT/OT) consult be obtained once high doses of steroids are initiated. Rehabilitation starts upon admission, thus, the future goal for BMT is to incorporate Physical Medicine and Rehabilitation into the patient's plan of care. The BMT nurse's goal is to empower and encourage patients to remain mobile and maintain activities of daily living. At our comprehensive cancer center, ambulation around the unit is promoted at least 3 times a day—a mile each time or as tolerated. Gait is the physical activity most known and better adapted to improve physical status. Moreover, range of motion, resistive or endurance exercises are also utilized in accordance to the PT/OT regimen. Upon discharge, patients are also encouraged to participate in out-patient rehabilitation programs. A case study will be presented, including a chart that describes the nursing interventions and various devices used at our institution reflecting the rehabilitation care provided to patients with steroid myopathy.

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ADMINISTRATION OF IV IMMUNOSUPPRESSIVE AGENTS AND THE DRAWING OF THEIR LEVELS: A HOW TO GUIDE FOR NURSES

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Topic: To show the importance of dedicating a line to administer immunosuppressive drugs (ISD) to ensure proper dosing for the BMT patient. **Purpose/Background/Rationale**: Early in 2005, Froedtert Hospital (FH) experienced several patients who had continuously high ISD levels without showing signs of toxicity or decreasing lab values after dose reduction. At this point, it was decided the nurses needed to draw both a peripheral level and level from the central venous catheter (CVL) in order to see if the 2 levels correlated. Up until this point, it had been our policy to draw all levels from the CVL only. In all of the patients where dual labs were drawn, the CVL level was significantly higher than the level drawn peripherally. This discrepancy has many negative consequences including poor immunosuppression for the BMT patient, possible increase in the rate of GVHD, unnecessary changes in drug dosages and inaccurate lab data. This poster will describe the nursing interventions taken to correct this problem showing that dedicating a line is an important part of insuring accurate lab and dosing levels when it is not possible to draw a peripheral level. **Intervention**: Nurse interviews and audits showed significant variance in the knowledge of the ISD policy. Once initial data was collected policy changes included the drawing of peripheral levels only with continued line dedication. Staff was reeducated on proper procedure and documentation. Procedure reminders were placed in areas of patient care. **Evaluation**: Dual labs are again being drawn to see if post education data shows an increased correlation between peripheral and CVL values. Preliminary results show that there has been a significant improvement. **Discussion**: This presentation will demonstrate that continuity in nursing practice will insure the proper dosing of the BMT patient unable to receive a peripheral blood draw.

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PREVENTION AND TREATMENT OF MUCOSITIS: DEVELOPMENT OF PATIENT SPECIFIC ORAL CARE

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Oral mucositis is a condition that ranges in severity from redness to severe ulceration. It is a severe and painful complication that occurs in patients receiving high dose chemotherapy prior to bone marrow or stem cell transplantation. Mucositis remains one of the most under treated problems in patients with cancer. It has been rated as the most debilitating side effect by patients with cancer undergoing bone marrow transplantation. Oral care is necessary prior to chemotherapy as well as throughout the course of therapy for any patient with cancer at risk for developing mucositis. Although there are many pharmacologic interventions available, there is not a universally accepted strategy used to reduce the incidence of mucositis or treat active mucositis. This can make it challenging for clinicians to choose the most effective mouth care